



#### Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File#

2018 035952

**PERMIT** 

Im	ormation necessary for the Certificate of I	Death has been completed for:					
Γ	Decedent Name CIPRIANO JR, ENIO	) G					
	Place of Death 110 MAIN STREET, SO	UTHBOROUGH, MA					
-	Date of Death AUGUST 04, 2018	Date of Birth SEPTEMBER 07, 1929 Sex MALE					
DEN	Residence 110 MAIN STREET, SO	OUTHBOROUGH, MASS ACHUSETTS 01772					
DECEDENT	If U.S. veteran, specify war/conflict(s) (most red	cent)					
DE	Branch of military (most recent)	Rank/organization/outfit(most recent) —					
	Date entered(most recent)	Date Discharged (most recent) Service Number (most recent)					
×	Certifier JOANN SUNA, MD	Lic # 74958					
PIE	Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760						
CERTIFIER	Immediate Cause of Death DEMENTIA						
Ti	nis permit authorizes the following Funers	al Service Licensee or Designee to remove, dispose or transport remains as listed below:					
7	Funeral Licensee Designee NANCY G MO	RRIS Lic # 50277					
0	Facility. MORRIS FUNERAL HOME, S	OUTHBOROUGH, MASSACHUSETTS					
DISPOSITION	Disposition Type BURIAL	Date of Disposition AUGUST 09, 2018					
SPC	Place/Address	E DOAD COLUMNODOLICH MACCACHLICETTECATERA					
Ī	RURAL CEVIETERI, II CORDAVILL	E ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
Er	dorsements						
ı	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH					
PERMIT	State Tracking # 035952	Local Permit# 18-8					
PER	Date AUGUST 07, 2018	Date AUGUST 07, 2018					
		Name of Agent JAMES F. HEGARTY					
N		ed of in accordance with its terms at the place and date below:					
ATION	Place of Disposition (Facility Name and Addres	Signature /					
	I CORDAVIUE LO SOUTH	annicit ma					
FIRM	SEC. 13. LOT 31 GRP45	x ( ) The land 14 h					
CON	Disposition Type Date of D.	Disposition Name of Superintendent of Authorized Designee:					
Ĺ	FULL SATTERIAN AS	3. 9 2018 Buscet of Guessel-Delesco					
Ac	ceptance of Permit						

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2018 034685

PERMIT

Information necessary for the Certificate of Death has been completed for:

Place of Death 71 FLAGG ROAD, SOUTHBOROUGH, MA JULY 29, 2018 Date of Death Date of Birth DECEMBER 24, 1939 **MALE** 71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Certifier MATTHEW J BEAN, MD Lic# 224284 Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUS ETTS 01772 Immediate Cause of Death INTERSTITIAL LUNG DISEASE This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6562 Funeral Licensee/ Designee DAVID A CASPER SPOSITIO

Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS

KENNETH

Disposition Type CREMATION

Decedent Name DEAN, RONALD

Date of Disposition JULY 31, 2018

Place/Address

BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184

**Endorsements** 

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 034685 Local Permit# E-PERMIT Date JULY 31, 2018 Date Name of Agent I he reby certify that the remains were disposed of in accordance with its terms at the place and date below: IRMATION Signature

Place of Disposition (Facility Name and Address)

Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184

Disposition Type

CONF

Date of Disposition

AUG 0 1 2018

Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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#69419

	1 1 1 4 4 4 1 1 1 (	· Co	mmonwealth of A	Ansachuratte					
		DISI	try of Vital Recon POSITION.	ds and Statistics REMOVAL	State File #	2018 031408 RECEIVED			
00	00308003	· W OR	TRANSPO		-	CONTRACTOR OF FICE			
Fo	rm R-309 07012014		PERM	IT					
In	formation necessary for the Cer	tificate of Death h	us been complet	ed for:		2018 AUG -2 ₱ 12: 04			
	Decedent Name LAMSON IL	LAURENCE	EDWARD			SOUTHBOROUGH, MA	_		
	Place of Death 96 MT. VICKE	ERY ROAD, SOU	THBOROUGH	, MA					
<u> </u>	Date of Death JULY 05, 2018	1	D	ate of Birth JUN	E 08, 1941	Sex MALE			
H	Residence 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772								
CEDIN	If U.S. veteran, specify war/conflict	(s) (most recent)							
DE	NO Branch of military (most recent)  -	NO NO							
L	Date entered (most recent)	De	ate Discharged (m	ost recent)	Service Nun	her(most recent)			
	Centiler NAHIDA ISLAM, MD	)			Lic # 29649	4			
CERTIFIER	Addr. 157 UNION STREET, M	ARLBOROUGH	MASSACHUS	ETTS 01752		-			
E	Immediate Cause of Death			····					
5	LIVER FAILURE								
ļ	LIVER FAILURE	ng Funeral Service	: Licenses or Do	signee to remov	e, dispose or (	ransport remains as listed below.	•		
TI	LIVER FAILURE		e Licensee or De	signee to remov	e, dispose or t	ransport remains as listed below:	:		
TI	LIVER FAILURE  his permit authorizes the followi  Funeral Licenseed Designee NANC	CY G MORRIS					•		
TIONOLLIS	LIVER FAILURE	CY G MORRIS		SS ACHUS ETTS		Lic # 50277			
T Noilis	LIVER FAILURE  Its permit authorizes the follow.  Funeral Licensee Designee NANC  Facility. MORRIS FUNERAL I  Disposition Type CREMATION  Place/Address	CYG MORRIS HOME, SOUTHBO	OROUGH, MA	SS ACHUS EFTS	S Date of Dispos	Lic # 50277 Idon JULY 10, 2018			
TION	LIVER FAILURE  It's permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL In Disposition Type CREMATION	CYG MORRIS HOME, SOUTHBO	OROUGH, MA	SS ACHUS EFTS	S Date of Dispos	Lic # 50277 Idon JULY 10, 2018	•		
E NOILISOASIG	LIVER FAILURE  Its permit authorizes the follow.  Funeral Licensee Designee NANC  Facility. MORRIS FUNERAL I  Disposition Type CREMATION  Place/Address	CYG MORRIS HOME, SOUTHBO	OROUGH, MA	SS ACHUS EFTS	S Date of Dispos	Lic # 50277 Idon JULY 10, 2018	•		
T NOLLISOASIQ E	LIVER FAILURE  Its permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL In Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATION)	CYG MORRIS ROME, SOUTHBO ATORY), 180 GRO	orough, ma ove street,	SS ACHUS EFTS	S Date of Dispos MASSACH	Lic # 50277 Idon JULY 10, 2018 USEITS 01605	:		
T NOLLISOASIQ E	LIVER FAILURE  Its permit authorizes the following permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL IN Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATION CONTROL CON	CYG MORRIS ROME, SOUTHBO ATORY), 180 GRO	orough, ma ove street,	SS ACHUS ETTS  WORCES TER,	S Date of Dispos MASSACH	Lic # 50277 Idon JULY 10, 2018 USEITS 01605			
E NOILISOASIG	LIVER FAILURE  his permit authorizes the follow.  Funeral Licensee' Designee NANC  Facility. MORRIS FUNERAL I  Disposition Type CREMATION  Place/Address  RURAL CEMETERY (CREMATION)  Registry of Vital Records and State	CYG MORRIS HOME, SOUTHBO ATORY), 180 GRO	OROUGH, MA OVE STREET, Board of Health	SS ACHUS ETTS WORCES TER,	S Date of Dispos MASSACH	Lic # 50277 Idon JULY 10, 2018 USEITS 01605	:		
T NOLLISOASIQ E	LIVER FAILURE  his permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL IN Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMEDISTRUMENTS)  Registry of Vital Records and State State Tracking # 031408	CYG MORRIS HOME, SOUTHBO ATORY), 180 GRO	OROUGH, MAIOVE STREET,  Board of Healts  Local Permit #	SS ACHUS ETTS WORCES TER,	S Date of Dispos MASSACH	Lic # 50277 Idon JULY 10, 2018 USEITS 01605			
PERMIT T DISPOSITION T	LIVER FAILURE  his permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL IN Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMEDISTRUMENTS)  Registry of Vital Records and State State Tracking # 031408	CY G MORRIS ROME, SOUTHBO ATORY), 180 GRO intics	OROUGH, MAIOVE STREET,  Board of Healts  Local Permit #  Date  Name of Agent	WORCES TER,  //Agent for: SOUT	S Date of Dispos MASS ACH THBOROUGH	Lic # 50277 Ition JULY 10, 2018 US ETTS 01605			
PERMIT T DISPOSITION T	LIVER FAILURE  his permit authorizes the follow.  Funeral Licensee' Designee NANC Facility. MORRIS FUNERAL I Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATION)  dorsements  Registry of Vital Records and State  State Tracking # 031408  Date JULY 09, 201	CYG MORRIS HOME, SOUTHBO ATORY), 180 GRO istics 8	OROUGH, MAIOVE STREET,  Board of Healts  Local Permit #  Date  Name of Agent	WORCES TER,  //Agent for: SOUT	S Date of Dispos MASS ACH THBOROUGH	Lic # 50277 Ition JULY 10, 2018 US ETTS 01605			
T NOLLISOASIQ E	LIVER FAILURE  his permit authorizes the following funeral Licenseed Designee NANCE Facility. MORRIS FUNERAL IN Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMEDICATION OF CREMEDICATION OF CREMEDI	CYG MORRIS HOME, SOUTHBO ATORY), 180 GRO istics  8 ore disposed of in accord Address)	OROUGH, MAIOVE STREET,  Board of Healts  Local Permit #  Date  Name of Agent	WORCES TER,  WAgent for: SOUT  E-PERMIT  terms at the place  Signature	Date of Dispos  MASS ACH  TH BOROUGH	Lic # 50277 Ition JULY 10, 2018 US ETTS 01605	:		

#### Acceptance of Permit

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State File #

2018 034685

Info	ormation necess	sary for the Cert	ficate of Death ha	as been complete	d for:				
	Decedent Name	DEAN , RO	NALD KENNE	ТН					
	Place of Death	71 FLAGG RO	AD, SOUTHBOR	ROUGH, MA					
ı	Date of Death	JULY 29, 2018		Da	te of Birth	DECEMBER	24, 1939	Sex	MALE
EN	Residence	71 FLAGG RO	AD, SOUTHBOF	ROUGH, MASSA	CHUSE	ΓTS 01772			
ECEDENT		pecify war/conflict(	s) (most recent)						
DE	NO Branch of milita	ry (most recent)		F	ank/organ	ization/outfit(mos	st recent)		
				-		<b>a</b> .		.1	
	Date entered(mo	st recent)	D.	ate Discharged (mo -	st recent)	Service	Num ber(most i	recent)	
~	Certifier MATI	HEW J BEAN,	MD			Lic # 2	24284		
RTIFIE	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772								
RTI	Immediate Cause	e of Death L LUNG DISE	ASE						
CE									
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to	remove, dispos			as listed below:
z	Funeral Licensee/ Designee DAVID A CAS PER  Lic # 6562								
ITIO	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS								
OSIT	Disposition Type CREMATION					Date of D	isposition JUI	LY 31, 201	8
DISPO	Place/Address								
ום	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184								
En	dorsements								
	Registry of Vita	l Records and Sta	istics	Board of Health	/Agent for	: SOUTHBORG	OUGH		
ERMIT	State Tracking #	034685		Local Permit#	18-8				
PER	Date	JULY 31, 20	18	Date	JULY 3	1, 2018			
-	:			Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	he place and date	below:		
FIRMATION	Place of Disposi	tion (Facility Name	and Address)		Signatu	re			
MA					į				
FIR					X				
CON	Disposition Type	?	Date of Disposition	n	Name of Superintendent or Authorized Designee:				
ادا					1				

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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PERMIT

State File #

2018 031408

0000308003

Form R-309 07012014

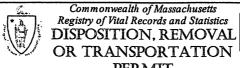
Inf	nformation necessary for the Certificate of Death has been completed for:								
	Decedent Name	LAMSON II,	LAURENCE	EDWARD					
	Place of Death	96 MT. VICKE	RY ROAD, SOU	THBOROUGH,	MA				
Т	Date of Death	JULY 05, 2018		Da	te of Birth	JUNE 08, 1941	Sex	MALE	
DENT	Residence	96 MT. VICKE	RY ROAD, SOU	THBOROUGH,	MASSAC	HUSETTS 01772			
DECEI	If U.S. veteran, sp NO	pecify war/conflict(	(s) (most recent)				···		
O	Branch of milita	ry (most recent)		1	Rank/organi 	zation/outfit(most recent)			
	Date entered(mo	st recent)	<i>D</i>	ate Discharged (mo	ost recent)	Service Number(mo.	st recent)		
ER	Certifier NAHII	DA ISLAM, MD	)			Lic # <b>296494</b>			
FIE	Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752								
CERTIFI	Immediate Cause LIVER FAILU								
Th	is permit autho	rizes the followi	ng Funeral Servic	ce Licensee or De	signee to r	emove, dispose or transpo	ort remains	as listed below:	
7	Funeral Licensee/ Designee NANCY G MORRIS  Lic # 50277								
SITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type	Disposition Type CREMATION  Date of Disposition JULY 10, 2018							
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
ľ	Registry of Vita	l Records and Sta	tistics	Board of Healtl	/Agent for:	SOUTHBOROUGH			
MIT	State Tracking #	031408		Local Permit#	18-7				
PER	Date	JULY 09, 20	18	Date	JULY 10	, 2018			
				Name of Agent	JAMES 1	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date be low:			
FIRMATION	Place of Disposit	tion (Facility Name	and Address)		Signatur	е			
M A	•				}				
FIR					X				
CON	Disposition Type		Date of Disposition	<i>.</i>	Name of	Superintendent or Authorized	Designee:		

#### Acceptance of Permit

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State File #

2018 029312

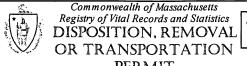
1		OR	TRANSPOR	TATIO	N L			
	0305235	4,9% OI(	PERMI					
For	n R-309 07012014		TEXTVI	I.				
Inf	ormation necessary for the	e Certificate of Death ha	as been complete	d for:				
	Decedent Name QI, X	IANGQIAN						
	Place of Death 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA							
<u>ہ</u>	Date of Death JUNE 22	, 2018	Da	te of Birth	NOVEMBER 23, 1947 Se	x MALE		
DEN	Residence 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECE	If U.S. veteran, specify war/c	onflict(s) (most recent)						
-	Branch of military (most rece	ent)	F	ank/organiza	ation/outfit(most recent)			
	Date entered(most recent)	D.	ate Discharged (mo -	 ost recent)	Service Number(most recent)			
~	Certifier ASHRAF ELKE	RM, MD			Lic # 81917			
RTIFIER	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453							
CERTI	Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER							
Tì	is permit authorizes the f	ollowing Funeral Servic	e Licensee or De	signee to re	move, dispose or transport remai	ns as listed below:		
z	Funeral Licensee/Designee RICHARD D. COLLINS  Lic # 6312							
0	Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS							
OSITIO	Disposition Type CREMAT	TION			Date of Disposition JUNE 26, 2	2018		
DISPO	Place/Address RURAL CEMETERY (C	CREMATORY), 180 GR	OVE STREET,	WORCES	TER, MASSACHUSETTS 01605			
En	dorsements							
ے	Registry of Vital Records as	nd Statistics	Board of Health	/Agent for:	SOUTHBOROUGH			
PERMIT	State Tracking # 029312		Local Permit#	E-PERMIT	Γ			
ER	Date JUNE 2	25, 2018	Date					
			Name of Agent					
NO	I hereby certify that the ren	nains were disposed of in a	ccordance with its					
LTI	Place of Disposition (Facility	Name (Marcess)		Signature	0.1 710.14	<i>a</i> .		
FIRMATION	Place of Disposition (Facility 180 Gro	We Street  NO 1605  Stor Date of Disposition		X	John H. Cohile			
CONI	Disposition Type WO!CE	Date of Disposition	2 7 2018	Name of S	uperintendent or Authorized Designee:			

#### Acceptance of Permit Cremation

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State File # 2018 027817

1	0302926 n R-309 07012014			PERMI	T			
		sary for the Cert	ificate of Death	n has been complete	d for			
	Decedent Name	KAVANAUGH	, ALICE	MARIE				
	Place of Death	8 MIDDLE RO	AD, SOUTHB	OROUGH, MA				
Ŀ	Date of Death	JUNE 12, 2018		Da	ite of Birth	JANUARY 20, 1920	Sex	FEMALE
DENT	Residence	8 MIDDLE RO	AD, SOUTHB	OROUGH, MASS	ACHUSEI	TTS 01772		
ECED		pecify war/conflict(	(s) (most recent)					
a B	NO Branch of military (most recent)			I	Rank/organ	ization/outfit(most recent)		
	Date entered(mo	st recent)		Date Discharged (m	ost recent)	Service Number(mos.	t recent)	
~	Certifier ASHR	AF ELKERM, I	MD			Lic # 81917		
RTIFIE	Addr. 370 WES	T STREET, LE	OMINSTER, N	MASSACHUSETT	S 01453	,		
CERTI	Immediate Cause CONGESTIV	e of Death E HEART FAIL	URE					
Tł	is permit autho	rizes the followi	ing Funeral Ser	vice Licensee or De	signee to 1	remove, dispose or transpo	rt remains a	s listed below:
	Funeral Licensee/ Designee NANCY G MORRIS  Lic # 50277							
17	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
N 01	Facility. MOR	RIS FUNERAL	HOME, SOUT	HBOROUGH, MA	SSACHUS	SETTS		
SITIO	Facility. MORI		HOME, SOUT	HBOROUGH, MA	SSACHUS	SETTS  Date of Disposition JU	JNE 16, 2018	i
	Disposition Type Place/Address	BURIAL					JNE 16, 2018	:
DISPOSITIO	Disposition Type Place/Address	BURIAL				Date of Disposition $ {f J} \! {f U} $	JNE 16, 2018	
OILISO SIQ En	Disposition Type Place/Address RURAL CEMI dorsements	BURIAL	RDAVILLE RO	OAD, SOUTHBOR	OUGH, M	Date of Disposition $ {f J} \! {f U} $	JNE 16, 2018	
OILISOASIG En	Disposition Type Place/Address RURAL CEMI dorsements	BURIAL ETERY, 11 CO	RDAVILLE RO	OAD, SOUTHBOR	OUGH, M	Date of Disposition JU	JNE 16, 2018	
ERMIT DISPOSITIO	Disposition Type Place/Address RURAL CEM dorsements Registry of Vita	BURIAL ETERY, 11 CO	RDAVILLE RO	DAD, SOUTHBOR  Board of Healt	OUGH, M	Date of Disposition JU  IASS ACHUS ETTS 01772  : SOUTHBOROUGH	JNE 16, 2018	
OILISOASIG En	Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking #	ETERY, 11 CO	RDAVILLE RO	Board of Healt	h/Agent for 18-5 JUNE 18	Date of Disposition JU  IASS ACHUS ETTS 01772  : SOUTHBOROUGH	JNE 16, 2018	
PERMIT BISPOSITIO	Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date	ETERY, 11 CO	RDAVILLE RO	Board of Health Local Permit # Date Name of Agent	h/Agent for 18-5 JUNE 18 JAMES	Date of Disposition JUIASS ACHUS ETTS 01772 : SOUTHBOROUGH 3, 2018	JNE 16, 2018	
PERMIT BISPOSITIO	Disposition Type Place/Address RURAL CEM  dorsements Registry of Vita State Tracking # Date  I hereby certify	ETERY, 11 CO	RDAVILLE RO tistics  18 were disposed of i	Board of Health Local Permit # Date Name of Agent	h/Agent for 18-5 JUNE 18 JAMES	Date of Disposition JUIASS ACHUS ETTS 01772 : SOUTHBOROUGH B, 2018 F. HEGARTY the place and date below:	JNE 16, 2018	
MATION PERMIT T DISPOSITION	Disposition Type Place/Address RURAL CEM  dorsements Registry of Vita State Tracking # Date  I hereby certify	BURIAL ETERY, 11 CO  I Records and Sta 027817 JUNE 15, 20  that the remains v	RDAVILLE RO tistics  18 were disposed of i	Board of Health Local Permit # Date Name of Agent	n/Agent for 18-5 JUNE 18 JAMES	Date of Disposition JU  IASSACHUS ETTS 01772  : SOUTHBOROUGH  B, 2018  F. HEGARTY  te place and date below:	JNE 16, 2018	
PERMIT BISPOSITIO	Disposition Type Place/Address RURAL CEM  dorsements Registry of Vita State Tracking # Date  I hereby certify	BURIAL ETERY, 11 CO  I Records and Sta 027817 JUNE 15, 20  that the remains v	RDAVILLE RO tistics  18 were disposed of i	Board of Health Local Permit # Date Name of Agent	n/Agent for 18-5 JUNE 18 JAMES	Date of Disposition JU  IASSACHUS ETTS 01772  : SOUTHBOROUGH  B, 2018  F. HEGARTY  te place and date below:	JNE 16, 2018	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000302926



State File#

2018 027817

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

lin I	ormation necess	ary for the Cert	incate of Deati	i nas been compiete	a ior:			
	Decedent Name	KAVANAUGH	, ALICE	MARIE				
l	Place of Death	8 MIDDLE RO	AD, SOUTHB	OROUGH, MA				
  -	Date of Death	<b>JUNE 12, 2018</b>		Da	te of Birth	JANUARY 20, 1920	Sex	FEMALE
EN	Residence		-	OROUGH, MASS	ACHUS ET	ΓS 01772		
ECED		pecify war/conflict(	(s) (most recent)				,	
DE	NO Branch of militar	y (most recent)		1	Rank/organiz	ation/outfit(most recent)		
		• •		- 		0 1 37 1 /		
	Date entered(mo.	st recent)		Date Discharged (me	ost recent)	Service Number(mo	st recent)	
æ	Certifier ASHR	AF ELKERM, I	MD			Lic # 81917		
Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453  Immediate Cause of Death								
RTI	Immediate Cause							
CE	CONGESTIVI	E HEART FAIL	UKE					
Tì	is permit autho	rizes the followi	ing Funeral Se	vice Licensee or De	signee to re	move, dispose or transp		as listed below:
z	Funeral Licensee/ Designee NANCY G MORRIS  Lic # 50277							
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS							
0817	Disposition Type BURIAL Date of Disposition JUNE 16, 2018							
S	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
۵	ROWEL CLAVE	eren, ir co.	NOTIVILLE IN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
En	dorsements							
	Registry of Vita	l Records and Sta	tistics	Board of Healt	h/Agent for:	SOUTHBOROUGH		
MIT	State Tracking #	027817		Local Permit#	E-PERMI	Γ		
PER	Date	JUNE 15, 20	18	Date				
-				Name of Agent				
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
T10	,	tion (Facility Name	and Address)		Signature		-	
ONFIRMATIO	KUMAL CA	merrou/	swrt/Lond	us I em		//1/7		1
FIR	11 CONDAY	LIE RA, EN	<del>300</del> 7775000 ac WH11s	POH, IIIA	X	5/ j. Mlm	n - 1/4	Cons
ON	Disposition Type	/	Date of Disposi	ition	Name of S	uperintendent of Authorized	Designee!	1
Ľ	FULL EARTH	f Emial	TIME	14, 2018	1 Cn	scet H. Lille	ver- Di	ELENED
	•			•			, -	

#### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

ate File #	2018	023610

l	0297274			PERMI	T	211		
For	n R-309 07012014			FERIVII	1			
Inf	ormation necess	ary for the Cer	tificate of De	ath has been complete	d for:			
	Decedent Name	KAUR, SH	IUBJEET -					
	Place of Death	4 ROCK SPRI	ING LANE, S	OUTHBOROUGH, M	<b>1A</b>			
<sub>F</sub>	Date of Death	MAY 18, 2018		Da	te of Birth	AUGUST 17, 1959	Sex	FEMALE
ENT	Residence	4 ROCK SPRI	ING LANE, S	OUTHBOROUGH, M	<b>IASSACI</b>	HUSETTS 01772		
ECED	If U.S. veteran, sp	pecify war/conflict	(s) (most recent	)		· · · · · · · · · · · · · · · · · · ·		
DE.	NO Branch of militar	y (most recent)		R 	Rank/organi 	ization/outfit(most recent)		
	Date entered(mo.	st recent)		Date Discharged (mo	ost recent)	Service Number(mos	t recent)	
~	Certifier ANN I	I. PARTRIDGE	C, MD			Lic # 157028		
RTIFIE	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215							
CERTI	Immediate Cause METAS TATIO		NCER				•	
Th	nis permit autho	rizes the follow	ing Funeral S	Service Licensee or De	signee to r	remove, dispose or transpo	rt remains	as listed below:
_	Funeral Licensee/ Designee WAYNE F. BRASCO  Lic # 5445							
NOI	Facility. BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS							
SITIO	Disposition Type	CREMATION				Date of Disposition M	AY 21, 2018	3
0	Place/Address							
DIS	NEWTON CE	METERY CRE	MATORY, 7	91 WALNUT STREE	T, NEWT	ON, MASSACHUSETTS	02459	
En	dorsements							
	Registry of Vital	Records and Sta	tistics	Board of Health	/Agent for:	: SOUTHBOROUGH	<del></del>	
MIT	State Tracking #	023610		Local Permit#	18-4			
≃	Date	MAY 21, 20	18	Date	MAY 22	, 2018		
<u>а</u>	24.0			Name of Agent		F. HEGARTY		
<del> </del>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	I haraby cartify	that the remains	were disposed	of in accordance with its	terms atth			
2 0				of in accordance with its				
ATION	I hereby certify Place of Disposit			of in accordance with its	Signatur			
RMATION				of in accordance with its	Signatur			
ONFIRMATION		ion (Facility Name			Signatur X		Dosimoo	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2018 023610

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

			-					
		KAUR, SHUBJEET						
	Place of Death	4 ROCK SPRING LANE, SOUT	ГНВО ROUGH, MA					
E	Date of Death	MAY 18, 2018	Date of	Birth	AUGUST 17, 1959	Sex	FEMALE	
DEN	Residence	4 ROCK SPRING LANE, SOUT	THBOROUGH, MAS	SACHI	JS ETTS 01772			
DECEDEN	If U.S. veteran, s NO Branch of milital Date entered(mo		Rank  ate Discharged (most rec		ntion/outfit(most recent) Service Number(most 1	recent)		
		<del>_</del> -	·-		***			
æ	Certifier ANN I	H. PARTRIDGE, MD	i		<i>Lic</i> # 157028			
FIE	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUS ETTS 02215							
CERTIFIE	Immediate Cause METAS TATIO	e of Death C BREAST CANCER	gere e e e e e e e e e e e e e e e e e e					
Ti	ils permit autho	rizes the following Funeral Servi	ce Licensee or Design	eë to re	move, dispose or transport	remains	as listed below:	
z	Funeral Licensee/ Designee WAYNE F. BRAS CO							
10	Facility. BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS							
SIT	Disposition Type	CREMATION			Date of Disposition MA	Y 21, 2018	3	
DISPOSITIO	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459							
En	dorsements	the same of the sa				-		
٢	Registry of Vita	l Records and Statistics	Board of Health/Age	nt for: S	SOUTHBOROUGH		_	
ERMIT	State Tracking #	023610	Local Permit# E-F	PERMIT	•			
PER	Date	MAY 21, 2018	Date					
_			Name of Agent					
Z	I hereby certify	that the remains were disposed of in a	ccordance with its term	s at the p	place and date below:			
ONFIRMATIO	Newton 491 W. Newton	tion(Facility Name and Address)  CCTAO  (144 St.  14 0 2 4 5 9	X	M	laylur	Suis	4	
c o	Disposition Type	Date of Disposition		me oj si	uperintengent or Authorized Do	esignee.		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

3/24/2018 Ag. 441 SEC B-WEST, LOT 42 BRUAZ, MUNUSTA, FLACE VALLT.

	Registry OR T	monwealth of Massachusetts y of Vital Records and Statistics OSITION, REMOVAI RANSPORTATION	11 27 1 1 1 1					
	00284351 rm R-309 07012014	PERMIT	I O mys — A man	('S OFFICE				
	formation necessary for the Certificate of Death has		2010 APR -2					
	Decedent Name WARE, MARY LOUISE		SOUTHBORC	UGH, MA				
	Place of Death 26 GRANUAILE ROAD, SOUTH	BOROUGH, MA						
<sub>+</sub>	Date of Death MARCH 22, 2018	Date of Birth J	JNE 23, 1917	Sex FEMALE				
DENT	Residence 26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECED	NO Branch of military (most recent)	Rank/organizatio — te Discharged (most recent)	on/outfit(most recent) Service Number(n	nost recent)				
<u> </u>								
E R	Certifier PARMENDER SINGH BAGGA, MD		Lic # 212258					
TIFI	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581							
CERT	Immediate Cause of Death CARDIOPULMONARY ARRES T							
Tì	his permit authorizes the following Funeral Service	Licensee or Designee to rem	ove, dispose or trans	port remains as listed below				
z	Funeral Licensee/ Designee NANCY G MORRIS			Lic # 50277				
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBO	DROUGH, MASSACHUSET	TS					
SIT	Disposition Type BURIAL		$Date\ of\ Disposition$	MARCH 26, 2018				
DISPO	Place/Address	, SOUTHBOROUGH, MAS	SACHUSETTS 017	72				
Er	adorsements							
Ĺ.		Board of Health/Agent for: SO	UTHBOROUGH					
ERMIT	State Tracking # 014337	Local Permit # E-PERMIT						
PER	Date MARCH 25, 2018	Date -						
-		Name of Agent —						

### Acceptance of Permit

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2018 014337

0000284351

Form R-309 07012014

						•			
Infe	ormation neces	sary for the Cert	ificate of Death ha	s been complete	d for:				
	Decedent Name	WARE, MA	RY LOUISE						
	Place of Death	26 GRANUAIL	E ROAD, SOUTI	HBOROUGH, M	[A				
Т	Date of Death	MARCH 22, 20	18	Da	te of Birth	JUNE 23, 1917	Sex	FEMALE	
DEN	Residence		E ROAD, SOUTI	HBOROUGH, M	IASSACE	IUSETTS 01772			
ECEDENT	If U.S. veteran, s NO	pecify war/conflict(	s) (most recent)	: .					
DE	Branch of milital	ry (most recent)	•	. I	Rank/organ 	ization/outfit(most recent)			
	Date entered(mo	st recent)	Da 	ite Discharged (m	ost recent)	Service Number(mo	st recent)		
× :	Certifier PARM	ENDER SINGI	I BAGGA, MD			Lic # 212258			
TIFIE	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581								
CERT	Immediate Cause CARDIOPULN	e of Death MONARY ARRI	EST						
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
7	Funeral License	e/Designee NAN	CY G MORRIS	· · · · · · · · · · · · · · · · · · ·			Lic # 50277		
SITION	Facility. MOR	RIS FUNERAL	HOME, SOUTHB	OROUGH, MAS	SACHU	SETTS			
SIT	Disposition Type	BURIAL				Date of Disposition ${f N}$	<b>1ARCH 26,</b> 2	2018	
DISPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements								
	Registry of Vita	l Records and Sta	tistics	Board of Healtl	ı/Agent for	: SOUTHBOROUGH		_	
MIT	State Tracking #	014337		Local Permit#	18-3				
PERM	Date	MARCH 25,	2018	Date	MARCH	I 26, 2018			
-				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	ne place and date below:			
FIRMATION	Place of Disposi	tion (Facility Name	and Address)		Signatu	re			
MA									
FIR					X				
CON	Disposition Type	?	Date of Disposition	!	Name of	Superintendent or Authorized	l Designee:		
لًــا					<u></u>				

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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#68394

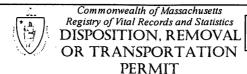
		mmonwealth of Mas			RECE	VED			
		itry of Vital Records of POSITION, R			0 // 2018 00	SEOS OFFICE			
000	0276456 OR	TRANSPOR?	TATIO	۷ L	7010 1115				
1	n R-309 07012014	PERMIT		•	2018 MAR 14	P 3: 26			
lní	ormation necessary for the Certificate of Death h	as been completed	for:		SOUTHBORO	UGH, MA			
	Decedent Name SLOAN, DOROTHY GER	TRUDE							
İ	Place of Death 124 MADISON PLACE, SOUT	HBOROUGH, MA							
H Z	Date of Death FEBRUARY 17, 2018	Date	of Birth	TUNE 98, 1930	Sex	FEMALE			
EN	Residence 124 MADISON PLACE, SOUTI	HBOROUGH, MAS	SSACHUS	ETTS 01772					
ECEDE	If U.S. veteran, specify war/conflict(s) (most recent)								
Ā	Branch of military (most recent)	st recent)  Rank/organization/out/it/most rec							
	Date entered (most recent)	ate Discharged (most	trecent)	Service Numb	er(most recent)				
æ	Certifier SHUBHADA D JAVLEKAR, MD			Lic# 78905					
RTIFIE	Addr. 10010 KSHOPS WAY, NORTHBOROUG	GH, MASS ACHUS	ETTS 015	· · · · · · · · · · · · · · · · · · ·					
CERTI	Immediate Cause of Death ARRHYTHMIA	· · · · · · · · · · · · · · · · · · ·							
TI	is permit authorizes the following Funeral Service	ce Licensee or Desi	gnee to ren	nove, dispose or to	ransport remains a	s listed below:			
z	Funeral Licenseel Designee NANCY G MORRIS  Lic # 50277								
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION			Date of Disposi	tion FEBRUARY 1	9, 2018			
DISPOSITIO	Place/Address								
ū	RURAL CEMETERY (CREMATORY), 180 GR	L CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements			1					
	Registry of Vital Records and Statistics	Board of Health/A	geat for: S	OUTHBOROUGH					
PERMIT	State Tracking # 008608	Local Permit#	E-PERMIT						
E.R.	Date FEBRUARY 20, 2918	Date -	_			}			
_		Name of Agent -	-						
z	I hereby certify that the remains were disposed of in a	ccordance with its te	rms at the p	lace and date below	/:				
5	Place of Disposition (Facility Willed and Address)		Signature						
2	Aural City Street 605			A					
CONFIRMATION	Place of Disposition (Facility With and Address)  Place of Disposition (Facility With Address)  180 Grove Street (NA 01605)  Disposition Typio (Cester) (Date of Disposition (Cester))		x	John 7	& Cobil				
NOC	Disposition Type \ Date of Disposition	,	Name of Su	perintendent or Auth	orized Designee:				
_	cremation	RIOC E		John H	(co)				

#### Acceptance of Permit

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State File # 2018 005230 RECEIVED

A In 59

Inf	ormation necessary for the Certificate of Death h	as been completed for:	MIR LED - 4 10. 2 1						
	Decedent Name ROY, ROBERT DAVID		SOUTHBOROUGH, MA						
	Place of Death 49 CARRIAGE HILL CIRCLE,	SOUTHBOROUGH, MA							
ı	Date of Death JANUARY 29, 2018	Date of Birth	FEBRUARY 17, 1938 Sex MALE						
DENT	Residence 49 CARRIAGE HILL CIRCLE,	SOUTHBOROUGH, MAS	SSACHUSETTS 01772						
ECED	If U.S. veteran, specify war/conflia(s) (most recent)								
ā	Branch of military (most recent)	Rank/organization/outfit(most recent)							
	Date entered(most recent) L	Date Discharged (most recent)	Service Number(most recent)						
<b>2</b>	Certifier MANDIRA RAY, MD		Lic # 226763						
RTIFIE	Addr. 133 BROOKLINE AVENUE, BOSTON,	MASSACHUSETTS 02215							
CERT	Immediate Cause of Death CORTICOBAS AL DEGENERATION								
TI	is permit authorizes the following Funeral Servi	ce Licensee or Designee to r	remove, dispose or transport remains as listed below:						
Z	-Funeral Licensee/ Designee BRUCE SCHLOSS BE	RG	Lic # 5684						
	Facility. STANETSKY MEMORIAL CHAPELS	, INC BROOKLINE, BR	OOKLINE, MASSACHUSETTS						
.ISC	Disposition Type CREMATION		Date of Disposition FEBRUARY 01, 2018						
DISPOSITIO		Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASS ACHUSETTS 02459							
En	dorsements		<del></del>						
Ĺ	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH						
MIT	State Tracking # 005230	Local Permit # E-PERM	rr						
PER	Date JANUARY 31, 2018	Date							
		Name of Agent							
z	I hereby certify that the remains were disposed of in $\boldsymbol{a}$	eccordance with its towns at the	e place and date be low:						
NFIRMATION	Place of Disposition (Facility Name and Address) NOWHOLL (FEM 9701) 791 Walnut It. 2419 Newbon was 02419		aylun buas						
CON	Disposition Type  Date of Disposition  Date of Disposition	Name of	Superintendent or Authorized Designee:						

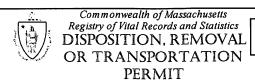
#### Acceptance of Permit

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State File #	2018 005230

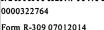
Info	ormation necess	ary for the Certi	ficate of Death ha	s been complete	d for:					
	Decedent Name	ROY, ROB	ERT DAVID							
	Place of Death	49 CARRIAGE	HILL CIRCLE,	SOUTHBOROU	GH, MA					
<sub>+</sub>	Date of Death	JANUARY 29,	2018	Da	te of Birth Fl	EBRUARY 17, 1938	Sex	MALE		
ECEDENT	Residence	49 CARRIAGE	HILL CIRCLE,	SOUTHBOROU	GH, MASSA	ACHUSETTS 01772				
CEI		ecify war/conflict(	s) (most recent)							
DE	NO   Branch of military (most recent)			R	ank/organizati	ion/outfit(most recent)				
	Date entered(mos	it recent)	Da	ate Discharged (mo	charged (most recent)  Service Number(n					
×	Certifier MAND	IRA RAY, MD				Lic # 226763				
RTIFIER			UE, BOSTON, M	IASSACHUSET	TS 02215					
CERTI	Immediate Cause CORTICOBAS	of Death SAL DEGENERA	ATION							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
z	Funeral Licensee	Designee BRUC	ESCHLOSSBER	₹G		Lic	# 5684			
	Facility. STAN	ETS KY MEMO	RIAL CHAPELS,	INC BROOK	LINE, BROO	OKLINE, MASSACHUS	ETTS			
SITIO	Disposition Type CREMATION  Date of Disposition FEBRUARY 01, 2018							01, 2018		
DISPO	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASS ACHUSETTS 02459									
En	dorsements									
	Registry of Vital	Records and Stat	istics	Board of Health	/Agent for: SO	OUTHBOROUGH				
RMIT	State Tracking #	005230		Local Permit#	18-1					
PER	Date	JANUARY 3	1, 2018	Date	FEBRUARY	7 01, 2018				
-				Name of Agent	JAMES F.	HEGARTY				
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at the p	lace and date below:				
T10	Place of Disposit	ion (Facility Name	and Address)		Signature	<del>, , , , , , , , , , , , , , , , , , , </del>				
M M										
ONFIRMATION					X					
CON	Disposition Type		Date of Disposition	1	Name of Superintendent or Authorized Designee:					

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2018 041731

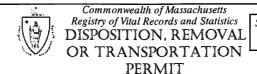
Form	n R-309 07012014			1 LIXIVII .	1				
Inf	ormation necess	sary for the Cert	ificate of Death	has been complete	d for:				
	Decedent Name	CLASBY JR,	CHESTER	F					
	Place of Death	202 PARKERV	ILLE ROAD,	SOUTHBOROUGE	I, MA				
T	Date of Death	SEPTEMBER	12, 2018	Da	te of Birth	MAY 22, 1937	Sex	MALE	
DENT	Residence	202 PARKERV	LLE ROAD,	SOUTHBOROUGE	I, MASS	ACHUSETTS 01772			
ресе	If U.S. veteran, sp VIETNAM Branch of militar ARMY	pecify war/conflict( y (most recent)	s) (most recent)		Rank/organization/outfit(most recent) SP5 F5 / INF				
	Date entered (most recent)			Date Discharged (mo		Service Number(mo	st recent)		
	DECEMBER 1			DEC EMBER 14, 19		NG21329503			
R	Certifier ZOFIA	PIOTROWSK	A, MD			Lic # 245656			
RTIFIE	Addr. 32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114								
CERTI	Immediate Cause LUNG CANCI								
Th	is permit autho	rizes the followi	ng Funeral Ser	vice Licensee or Des	signee to 1	remove, dispose or transpo		as listed below:	
z	Funeral Licensee	d Designee WILL	IAM H URQU	HART		I	Lic # 1040		
SITION	Facility. MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS								
081	Disposition Type BURIAL Date of Disposition SEPTEMBER 18, 2018								
DISP	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements								
_	Registry of Vita	Records and Stat	istics	Board of Health	/Agent for	: SOUTHBOROUGH			
RMIT	State Tracking #	041731		Local Permit#	18-10				
PER	Date	SEPTEMBEI	R 15, 2018	Date	SEPTEN	<b>IBER 18, 2018</b>			
_				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of i	n accordance with its	terms at th	e place and date below:			
FIRMATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	re			
M					1				
FIR					X				
CON	Disposition Type		Date of Disposi	tion	Name of	Superintendent or Authorized	Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2018 041731

LECEIVED FFICE

Information necessary for the Certificate of Death has been completed for:

2018 SEP 21 A 11: 05

	Decedent Name	CLASBY JR, CHEST	ER F			Ç	SOUTHBO	ROUGH, M	À
	Place of Death	202 PARKERVILLE RO	AD, SOUTHBORO	UGH, MA					
Т	Date of Death	<b>SEPTEMBER 12, 2018</b>		Date of Birth	MAY 22, 1	937	Sex	MALE	
ENT	Residence	202 PARKERVILLE RO	AD, SOUTHBORO	UGH, MASS A	ACHUS ETT	S 01772			
DECED	VIETNAM  Branch of milita	pecify war/conflict(s) (most rec ry (most recent)	ent)	Rank/organi SP5 E5 / IN	zation/outfit(n	nost recent)			
	ARMY Date entered(mo	st recent)	Date Discharge		_	ice Number(mo	ost recent)		
	<b>DECEMBER</b>		DECEMBER 1			21329503			
R	Certifier ZOFL	A PIOTROWSKA, MD			Lic#	245656			
TIFIE		Γ STREET, SUITE 7B, BO	OSTON, MASS ACI	HUS ETTS 021	14				
Immediate Cause of Death LUNG CANCER									
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Facility. MACI Disposition Type Place/Address	el Designee WILLIAM H UI DONALD, ROCKWELL & BURIAL DUGH RURAL CEMETER	& MACDONALD FI		Date o	RTOWN, MA	EPTEMBER	2 18, 2018	
En	dorsements								
ľ	Registry of Vita	l Records and Statistics	Board of H	ealth/Agent for:	SOUTHBO	ROUGH			
MIT	State Tracking #	041731	Local Perm	it# E-PERM	IT	-		<u></u>	
PER	Date	<b>SEPTEMBER 15, 2018</b>	B Date						
			Name of Ag	ent					
TION	-	that the remains were dispose				ate below:			
RMA	KUKAL CE 11 CandAVIL	ion (Facility Name and Addres NETEX) VE DD-, SWINDLAW GNI 210	•	Signatur		Aster	1-2		
CONFI	Disposition Type  FUL EAST	<i>i 1</i> 1 * .	isposition	Name of	Superintender	nt or Authorized	Designee:	=(=150	

#### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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#69419

NI O	Cor	nmonwealth of Ma	ssachusetts		p., =0.90,	CHIED				
	Registi DISP	ry of Vital Records OSITION. R	and Statistics EMOVAL	State File #	2018 03	11408 OFFICE				
000	0308003 OR 7	TRANSPOR			2014 CED C	28 P 12: 10				
For	n R-309 07012014	PERMIT	Γ		1018 2EL S	20 - 12 19				
Inf	ormation necessary for the Certificate of Death ha	ıs been complete	d for:		SOUTHB	OROUGH, MA				
-	Decedent Name LAMSON IL, LAURENCE	EDWARD								
	Place of Death 96 MT. VICKERY ROAD, SOU	THBOROUGH,	MA							
_	Date of Death JULY 05, 2018	Da	eof Birth <b>JU</b> l	VE 08, 1941	Sex	MALE				
N.H.	Residence 96 MT. VICKERY ROAD, SOU	THBOROUGH,	MASSACHUS	ETTS 01772						
DECEDIA	If U.S. veteran, specify war/conflict(s) (most recent)									
M	NO	מ	anklaromization	vuisti(most recent	)					
-	Branch of military (most recent)			rough (most recent	,					
	Date entered (most recent) Di	ate Discharged (mo	si recent)	Service Numbe	r(most recent)					
-	Certifier NAHIDA ISLAM, MD			Lic # 296494						
FIER	Addr. 157 UNION STREET, MARLBOROUGH,	MASSACHTISE	TTS 01752							
=	Immediate Cause of Death	MEDOACHODI	7777							
CRRY	LIVER FAILURE									
1 -	its permit authorizes the following Funeral Servic	- Y1	dance to remo	we dispose or tre	naport remains	er listed below				
TI		e lacenses of De	ngitee to tenio	re, dispose of the	Lic # 30277					
z	Funeral Licensed Designee NANCY G MORRIS			_	2K # 30277					
8	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS									
081710	Disposition Type CREMATION			Date of Disposition	on JULY 10, 201	8				
DISPC	Place/Address RURAL CEMETERY (CREMATORY), 180 GR	OVE STREET,	WORCES TER	, MASSACHU	SETTS 01605					
-										
E	dorsements									
	(W) JULIU II II									
Ī	Registry of Vital Records and Studistics	Board of Health		THEOROUGH						
MIT		Board of Health  Local Permit #	Agent for; SOI	THEOROUGH						
ERMIT	Registry of Vital Records and Statistics			лнвогоисн						
FERMIT	Registry of Vital Records and Statistics  State Tracking # 031408	Local Permit#		THBOROUGH						
_	Registry of Vital Records and Statistics  State Tracking # 031408  Date JULY 09, 2018  I hereby certify that the remains were disposed of in an	Local Permit # Date Name of Agent	E-PERMIT -							
_	Registry of Vital Records and Statistics  State Tracking # 031408  Date JULY 09, 2018  I hereby certify that the remains were disposed of in an Place of Disposition (Facility Name and Address)	Local Permit # Date Name of Agent	E-PERMIT -			ı.				
ATION	Registry of Vital Records and Statistics  State Tracking # 031408  Date JULY 09, 2018  I hereby certify that the remains were disposed of in a Place of Disposition (Facility Name and Address)	Local Permit # Date Name of Agent	E-PERMIT  — terms at the place			J				
ATION	Registry of Vital Records and Statistics  State Tracking # 031408  Date JULY 09, 2018  I hereby certify that the remains were disposed of in a Place of Disposition (Facility Name and Address)  Runge Commercial In Constitute 12. Surafaments Ma	Local Permit # Date Name of Agent	E-PERMIT  — terms at the place		(m, -1)					
_	Registry of Vital Records and Statistics  State Tracking # 031408  Date JULY 09, 2018  I hereby certify that the remains were disposed of in an Place of Disposition (Facility Name and Address)	Local Permit # Date Name of Agent ccordance with its	E-PERMIT  terms at the plan  Signature  X		(m, -1)					

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Modical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2018 047422

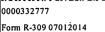
- 0							7818 pc	T 00			
Inf	ormation necess	sary for the Cert	ificate of Death	has been complete	d for:		2018 GC - <b>SOUTH</b>	1 22	P	1: 0	
	Decedent Name	SHAY SR, J	OSEPH F				SOUTH	Doroi	IGH	lwi /	
	Place of Death	5 WYNDEMER	E DRIVE, SO	UTHBOROUGH,	MA				و: د س		
T	Date of Death	OCTOBER 20,	2018	Da	te of Birth	MARCH 02, 1931	Sex	MALE			
ENT	Residence	5 WYNDEMER	E DRIVE, SO	UTHBOROUGH,	MASSAC	HUSETTS 01772					
ECED	If U.S. veteran, sp KOREA	pecify war/conflict(	s) (most recent)								
DE	Branch of military (most recent) ARMY				Rank/organization/outfit(most recent) SERGEANT, 9710 TSUDET 1						
	Date entered(mo SEPTEMBER			Date Discharged (me SEPTEMBER 04, 1		Service Number(mos 51 183 696	st recent)				
	Certifier KARE	N-GAIL BRAN	DSE, MD			Lic # 153724					
FIE	Addr. 67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760										
CERTIFI	Immediate Cause CARDIAC AR										
Th	is permit autho	rizes the followi	ng Funeral Ser	vice Licensee or De	signee to	remove, dispose or transpo	rt remains	as listed	belov	v:	
z	Funeral License	e/Designee HENI	RY C BOYLE, I	П		I	ic # 6156				
	Facility. BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS										
SPOSITIO	Disposition Type	BURIAL				Date of Disposition $ {f 0} $	CTOBER 2	7, 2018			
DISPO	Place/Address ST.STEPHEN	Place/Address ST.STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701									
En	dorsements										
<u>_</u>	Registry of Vita	l Records and Sta	tistics	Board of Healtl		: SOUTHBOROUGH					
ERMIT	State Tracking #	047422		Local Perm it #	18-11						
PER	Date	OCTOBER 2	22, 2018	Date	ОСТОЕ	BER 22, 2018					
				Name of Agent	JAMES	F. HEGARTY					
z	I hereby certify	that the remains v	vere disposed of i	n accordance with its	terms at th	ne place and date below:					
T10	Place of Disposi	tion (Facility Name	and Address)		Signatu	re					
MA					1						
FIR					X						
CONFIRMATION	Disposition Type	?	Date of Disposi	tion	Name of	Superintendent or Authorized	Designee:				

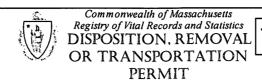
#### Acceptance of Permit

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State File # 2018 048966

Info	formation necessary for the Certificate of Death has been completed for:								
	Decedent Name	MALEY JR,	JOHN HENRY	Y					
	Place of Death	80 NEWTON S	TREET, SOUTH	BOROUGH, MA	<b>L</b>				
<sub>-</sub>	Date of Death	OCTOBER 27,	2018	Da	te of Birth	AUGUST 01, 1923	Sex	MALE	
EN	Residence	80 NEWTON S	TREET, SOUTH	BOROUGH, MA	SSACHU	JSETTS 01772			
DECEDENT	If U.S. veteran, spe	ecify war/conflict(.	s) (most recent)						
D E	Branch of military	(most recent)		R	ank/organi	ization/outfit(most recent)			
					-				
	Date entered(most recent) Date			ate Discharged (mo -	st recent)	Service Num ber(mo	osi recent)		
<u>«</u>	Certifier TIFFANY ANNE KOLNIAK, MD Lic # 270199								
RTIFIER	Addr. 85 WORC	ESTER ROAD	, FRAMINGHAM	I, MASSACHUS	SETTS 01	701			
RTI	Immediate Cause		N EARLIDE						
CE	ACUTE CARD	IUPULIVIUNAN	TAILURE						
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
7	Funeral Licensee/	Designee NANC	CYG MORRIS		-		Lic # 50277		
101	Facility. MORR	IS FUNERAL I	HOME, SOUTHB	OROUGH, MAS	SACHUS	SETTS			
LIS	Disposition Type	BURIAL				Date of Disposition 1	NOVEMBER	02, 2018	
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
10	RUKAL CEVIETERY, 11 COKDAVILLE ROAD, SOUTHBOROUGH, MASSACHOSEI 13 01/12								
En	dorsements						-		
Ī.	Registry of Vital	Records and Stat	tistics	Board of Health	/Agent for	: SOUTHBOROUGH		·	
ERMIT	State Tracking #	048966		Local Permit#	18-12				
PER	Date	OCTOBER 3	30, 2018	Date	OCTOB	BER 30, 2018			
-				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify t	hat the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:		•	
ATION	Place of Dispositi	on (Facility Name	and Address)		Signatui	re		•	
M									
ONFIRM					X				
NO	Disposition Type		Date of Disposition	n	Name of	Superintendent or Authorize	d Designee:		
ı ~									

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2018 048966

Information necessary for the Certificate of Death has been completed for:

		•	-							
	Decedent Name	MALEY JR, JOHN HET	NRY							
	Place of Death	80 NEWTON STREET, SOU	THBOROUGH, MA	<b>\</b>						
T	Date of Death	OCTOBER 27, 2018	Da	te of Birth	AUGUST 01, 1923	Sex	MALE			
ECEDEN	Residence	80 NEWTON STREET, SOU	THBOROUGH, MA	ASSACHU	SETTS 01772					
CE	If U.S. veteran, sp	pecify war/conflict(s) (most recent)								
DE	Branch of militar	y (most recent)	R	ank/organiz	zation/outfit(most recent)					
		•	· <b>-</b>							
	Date entered(mos	st recent)	Date Discharged (mo	st recent)	Service Number(most re	ecent)				
æ	Certifier TIFFA	NY ANNE KOLNIAK, MD			Lic # 270199					
FIE	Addr. 85 WOR	CESTER ROAD, FRAMINGH	IAM, MASSACHU	SETTS 01'	701					
Addr. 85 WORCES TER ROAD, FRAMINGHAM, MASS ACHUS ETTS 01701  Immediate Cause of Death ACUTE CARDIOPULMONARY FAILURE										
Th	is permit autho	rizes the following Funeral Se	rvice Licensee or De	signee to re	emove, dispose or transport	remains	as listed below:			
7	Funeral Licensee	Designee NANCY G MORRIS			Lic	# 50277				
10	Facility. MORI	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS								
SIT	Disposition Type BURIAL Date of Disposition NOVEMBER 02, 2018									
SPOSITION	Place/Address	CERTAL 11 CORD AND THE DA	AD COLUMNOD	OLICIT M	ACC ACTIVIC PERMS					
D	RURAL CEMI	METERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements									
	Registry of Vita	Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH					
PERMIT	State Tracking #	048966	Local Permit#	18-12						
ER	Date	OCTOBER 30, 2018	Date	ОСТОВ	ER 30, 2018					
			Name of Agent	JAMES I	F. HEGARTY					
z	I hereby certify	that the remains were disposed of	in accordance with its	terms at the	e place and date below:					
rio	Place of Disposit	ion (Facility Name and Address)		Signature						
IRMATION	KURM Ces.	METRY /	1 Ma							
FIR	11 Conserve	METRY VE RO. SOUTHERWER	1114	x	Mall ( i Al.)	1/lit	4			

#### **Acceptance of Permit**

WILL EBRITH

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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PERMIT

State File #

2018 052536

FEIR

0000338142

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

2018 MOV 26

Decedent Name BEHRENS, ROBERT 21 HARRIS DRIVE, SOUTHBOROUGH, MA Place of Death **NOVEMBER 19, 2018** Date of Birth MARCH 05, 1954 **MALE** Date of Death 21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier KALINDI MEHTA, MD Lic # 230077 Addr. 106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581 Immediate Cause of Death ALCOHOLIC CIRRHOSIS OF LIVER This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6460 Funeral Licensee/ Designee JAMES R. BUMA Facility. BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS Date of Disposition NOVEMBER 26, 2018 Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements

Γ.	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH				
MIT	State Tracking #	052536	Local Permit#		18-052536			
ER	Date	NOVEMBER	21, 2018	Date	NOVEMBER 26, 2018			
				Name of Agent	JAMES F. HEGARTY			
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
101	Place of Disposition (Facility Name and Address)				Signature			
W W								
FIR				X				
Z O	Disposition Type Date of Disposition		Date of Disposition	n	Name of Superintendent or Authorized Designee:			
٥ ا								

#### Acceptance of Permit

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State File # 2018 052938

Information necessary for the Certificate of Death has been completed for:

If U.S. veteran, specify war/conflict(s) (most recent)   Rank/organization/outfit(most recent)   Rank/organization/outfit(most recent)   Date Discharged (most recent)   Service   Servi	SOUTHBOROUGH, M									
Date of Death NOVEMBER 19, 2018  Date of Birth JUNE 27, 193  Residence 21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASS ACHUS ETT If U.S. veteran, specify war/conflict(s) (most recent)  NO Branch of military (most recent)  Date entered(most recent)  Certifier ALAN I GLASER, MD  Addr. 65 WALNUT STREET, SUITE 500, WELLES LEY, MASS ACHUS ETTS 02481  Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE  This permit authorizes the following Funeral Service Licensee or Designee to remove, disposed of the control of the process	3001									
Residence 21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASS ACHUS ETT [JU.S. veteran, specify war/conflict(s) (most recent)										
Branch of military (most recent)	35 Sex FEMALE									
Branch of military (most recent)	Residence 21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772									
Branch of military (most recent)										
Certifier ALAN I GLASER, MD  Addr. 65 WALNUT STREET, SUITE 500, WELLES LEY, MASS ACHUSETTS 02481  Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE  This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose Funeral Licensee/ Designee CYNTHIA F BRYANT Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASS ACHUSETTS Disposition Type BURIAL Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASS ACHUSETTS 0177  Endorsements  Registry of Vital Records and Statistics State Tracking # 052938 Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018 Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	st recent)									
Certifier ALAN I GLASER, MD  Addr. 65 WALNUT STREET, SUITE 500, WELLES LEY, MASS ACHUSETTS 02481  Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE  This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose Funeral Licensee/ Designee CYNTHIA F BRYANT Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASS ACHUSETTS Disposition Type BURIAL Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASS ACHUSETTS 0177  Endorsements  Registry of Vital Records and Statistics State Tracking # 052938 Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018 Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	M Landard and and									
Addr. 65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481  Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE  This permit authorizes the following Funeral Service Licensee or Designee to remove, disposed of in accordance with its terms at the place and date.  This permit authorizes the following Funeral Service Licensee or Designee to remove, disposed of in accordance with its terms at the place and date.	Number(most recent)									
Addr. 65 WALNUT STREET, SUITE 500, WELLES LEY, MASSACHUS ETTS 02481  Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE  This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose funeral Licensee/ Designee CYNTHIA F BRYANT Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUS ETTS Disposition Type BURIAL Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUS ETTS 0177  Endorsements  Registry of Vital Records and Statistics State Tracking # 052938 Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018 Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	51413									
This permit authorizes the following Funeral Service Licensee or Designee to remove, disposed of in accordance with its terms at the place and date.										
This permit authorizes the following Funeral Service Licensee or Designee to remove, disposed of in accordance with its terms at the place and date.	Immediate Cause of Death									
Funeral Licensee/ Designee CYNTHIA F BRYANT  Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS  Disposition Type BURIAL  Date of D  Place/Address  NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUSETTS 0177  Endorsements  Registry of Vital Records and Statistics  State Tracking # 052938  Date  NOVEMBER 26, 2018  Date  NOVEMBER 27, 2018  Name of Agent  JAMES F. HEGARTY  L hereby certify that the remains were disposed of in accordance with its terms at the place and date	CHRONIC OBSTRUCTIVE PULMONARY DISEASE									
Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS Disposition Type BURIAL Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUSETTS 0177  Endorsements  Registry of Vital Records and Statistics State Tracking # 052938 Date NOVEMBER 26, 2018 Date NOVEMBER 27, 2018 Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	e or transport remains as listed below:									
Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUS ETTS  Disposition Type BURIAL  Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUS ETTS 0177  Endorsements  Registry of Vital Records and Statistics  State Tracking # 052938  Date  NOVEMBER 26, 2018  Local Permit # 18-052938  Date  NOVEMBER 27, 2018  Name of Agent  JAMES F. HEGARTY  L hereby certify that the remains were disposed of in accordance with its terms at the place and date	Lic # 5551									
Endorsements  Registry of Vital Records and Statistics  Board of Health/Agent for: SOUTHBORG  State Tracking # 052938  Date  NOVEMBER 26, 2018  Date  NOVEMBER 27, 2018  Name of Agent  JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS									
Endorsements  Registry of Vital Records and Statistics  Board of Health/Agent for: SOUTHBORG  State Tracking # 052938  Date  NOVEMBER 26, 2018  Date  NOVEMBER 27, 2018  Name of Agent  JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	Disposition Type BURIAL Date of Disposition NOVEMBER 26, 2018									
Endorsements  Registry of Vital Records and Statistics  Board of Health/Agent for: SOUTHBORG  State Tracking # 052938  Date  NOVEMBER 26, 2018  Date  NOVEMBER 27, 2018  Name of Agent  JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	Place/Address									
Registry of Vital Records and Statistics  Board of Health/Agent for: SOUTHBORD  State Tracking # 052938  Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018  Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	NORTH CEMETERY, OLD SUDBURY RUAD, WAYLAND, MASSACHUSETTS 01//8									
State Tracking # 052938  Date NOVEMBER 26, 2018  Local Permit # 18-052938  Date NOVEMBER 27, 2018  Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date										
Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018  Nowe of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	DUGH									
Date NOVEMBER 26, 2018  Date NOVEMBER 27, 2018  Nowe of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date										
Name of Agent JAMES F. HEGARTY  I hereby certify that the remains were disposed of in accordance with its terms at the place and date	:									
Place of Disposition (Facility Name and Address)  Signature	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
<del> </del>										
	or Authorized Designee:									

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





**PERMIT** 

State File#

2018 052938

.. 970 A:

0000338005

Form R-309 07012014

				_		651V ===		
Info	ormation necess	sary for the Certificate of Death h	as been completed	for:			JOARAHICH, M	
	Decedent Name	MORGAN, SUZANNE G				<del>- 30011</del>	TDURUUTAN	
	Place of Death	21 CARRIAGE HILL CIRCLE,			j			
_	Date of Death	NOVEMBER 19, 2018	Date	of Birth	JUNE 27, 1935	Sex	FEMALE	
E	Residence	21 CARRIAGE HILL CIRCLE,	SOUTHBOROU	GH, MAS	SSACHUSETTS 01772			
ECEDENT	If U.S. veteran, s		,					
D	Branch of militat	ry (most recent)	Ra	nk/organi	zation/outfit(most recent)			
	Date entered(mo	st recent) D	oate Discharged (mos 	t recent)	Service Number(m	ost recent)		
<b>z</b>	Certifier ALAN	I GLASER, MD			Lic # 151413			
RTIFIER	Addr. 65 WAL	NUT STREET, SUITE 500, WELI	LESLEY, MASSA	CHUSE	TTS 02481			
CERTI	Immediate Cause CHRONIC OI	e of Death BS TRUCTIVE PULMONARY DI	ISEASE					
Th	is permit autho	rizes the following Funeral Service	ce Licensee or Des	gnee to r	emove, dispose or trans	port remains	as listed below:	
	Funeral License	e/Designee CYNTHIA F BRYANT	· · · · · · · · · · · · · · · · · · ·			Lic # 5551	****	
SITION	Facility. JOHN							
SIT	Disposition Type BURIAL  Date of Disposition NOVEMBER 26, 2018							
DISPO	Place/Address NORTH CEMETERY, OLD SUBURY ROAD, WAYLAND, MASSACHUSETTS 01778							
Ω			·					
En	dorsements							
F	Registry of Vita	l Records and Statistics	Board of Health/	Agent for	SOUTHBOROUGH			
MIT	State Tracking #	052938	Local Permit#	E-PERM	TT .			
P E R	Date	<b>NOVEMBER 26, 2018</b>	Date	<del></del>				
_			Name of Agent					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
T I O		tion (Facility Name and Address)		Signatui	re /) //			
M	North	confung						
ONFIRMATION	worle			X	NOT -			
COI	Disposition Type	Date of Disposition		Name of	Superintendent or Juthor e			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2

2018 055851

0000342706

Form R-309 07012014

Info	information necessary for the Certificate of Death has been completed for:									
	Decedent Name	SARGENT,	BETSYE P							
	Place of Death	90 VILLAGE P.	ATH, SOUTHE	BOROUGH, MA						
Т	Date of Death	DECEMBER 11	1, 2018	Dat	te of Birth	NOVEMBER 27, 1939	Sex	FEMALE		
ENT	Residence									
ECED		fU.S. veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)			R 	ank/organi. 	zation/outfit(most recent)				
	Date entered(mo.	st recent)	-	Date Discharged (mo 	st recent)	Service Number(most i	recent)			
M.	Certifier GARY	RICHARD CO	HEN, MD			Lic # 51078				
FIE	1 .			MASS ACHUS ET	ΓS 01970					
CERTI	Immediate Cause LYMPHOMA	of Death								
Th	nis permit autho	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to r	emove, dispose or transpor	t remains	as listed below:		
		e/Designee NANC					# 50277			
SITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
SIT	1 .	CREMATION				Date of Disposition <b>DE</b>	CEMBER	13, 2018		
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
_	dorsements									
En		l Records and Stat	histics	Board of Health	/Agent for:	: SOUTHBOROUGH				
TIM	State Tracking #		40110	Local Permit #	18-05585					
ERM	Date	DECEMBER	11, 2018	Date		BER 11, 2018				
4	Duie	PLCEATIEN		Name of Agent		F. HEGARTY				
	I hereby certify	that the remains u	vere disposed of in		terms at th	e place and date below:		·- <u></u>		
ATION	I hereby certify that the remains were disposed of in accordance with its terms at the plate of Disposition (Facility Name and Address)  Signature									
	. iace of Disposi	ir wominy rounc								
I R					X					
CONFIRM	Disposition Type	?	Date of Dispositi	ion	Name of	Superintendent or Authorized L	Designee:			
٥ ا										

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





0000342706

Form R-309 07012014



State File # 2018 055851

**PERMIT** 

Information necessary for the Certificate of Death has been completed for:

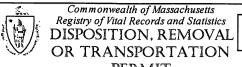
П	Decedent Name	SARGENT,	BETSYE I	•							
	Place of Death	90 VILLAGE P	ATH, SOUT	HBOROUGH, M	A						
ا ـِ ا	Date of Death	DECEMBER 1	1, 2018		Date of Birth	<b>NOVEMBER 27, 1939</b>	Sex	FEMALE			
ENT	Residence 30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970										
ECED		If U.S. veteran, specify war/conflict(s) (most recent)									
DE	NO Rranch of milita	NO Branch of military (most recent) Rank/organization/outfit(most recent)									
		y (mast recent)									
	Date entered(mo	ost recent)		Date Discharged	(most recent)	Service Number(most	t recent)				
Н	Certifier GARY	RICHARD CO	HEN, MD			Lic # 51078					
TIFIER	-			I, MASSACHUS	ETTS 01970						
TII	Immediate Caus			<u></u>							
CER	LYMPHOMA										
Th	is permit autho	rizes the followi	ng Funeral Sc	ervice Licensee or	Designee to	remove, dispose or transpo	rt remains	as listed below:			
	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:    Funeral Licensee/ Designee NANCY G MORRIS   Lic # 50277										
N O	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
1110	1		HOME, SOC	indono com,		Date of Disposition <b>D</b>	ECEMBER	13, 2018			
800	Place/Address										
DISP	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
L	L						· · · · · · · · · · · · · · · · · · ·				
En	dorsements			T=		CONTRODOUGH					
<u>_</u>		al Records and Sta	tistics			: SOUTHBOROUGH					
ERMIT	State Tracking #			Local Permi	t# E-PERM	Ш					
PE	Date	DECEMBER	11, 2018	Date							
	Name of Agent —										
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
TION	Place of Disposition (Facility Name and Address)				Signatu						
A M	Rural Cemetery All Grove Sured Will Grove Sured					John 74.	Colil				
FIR		A ORCE	967. MA 0160.	•	X						
N O	Disposition Typ		Date of Dispo	sition	Nameo	f Superintendent or Authorized	Designæ:				
10	0	remation .	l M	EC 1 4 2018	1	John H (	Cobill				

#### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2018 052536

PERMIT

Information necessary for the Certificate of Death has been completed for:

		-		is seen complete	<b>u</b> 1011					
	Decedent Name BEHRENS , ROBERT A									
	Place of Death 21	nce of Death 21 HARRIS DRIVE, SOUTHBOROUGH, MA								
T	Date of Death N	OVEMBER 1	9, 2018	Da	te of Birth	MARCH 05, 1954	Sex	MALE		
DEN	Residence 21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772									
DECEDENT	If U.S. veteran, spec NO Branch of military (1  Date entered(most re	nost recent)		F - ate Discharged (mo	Rank/organization/outfit(most recent) te Discharged (most recent) Service Number(most recent)					
				-						
×	Certifier KALIND	MEHTA, M	D			Lic # 230077				
FIE	Addr. 106 E MAIN	STREET, W	ESTBOROUGH,	MASSACHUS	ĒΓTS 0158	1	~ ~ ~			
CERTIFIER		Immediate Cause of Death ALCOHOLIC CIRRHOS IS OF LIVER								
Th	is permit authoriz	es the followi	ng Funeral Servic	e Licensee or De	signee to re	move, dispose or transpor		as listed below:		
z	Funeral Licensee/ Designee JAMES R. BUMA  Lic # 6460									
NOL	Facility. BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS									
DISPOSITION	Disposition Type CREMATION  Date of Disposition NOVEMBER 26, 2018  Place/Address  RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
En	dorsements									
٢	Registry of Vital Re	ecords and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH				
MI	State Tracking #	052536		Local Permit#	E-PERMI	Γ				
PERMIT	Date	NOVEMBER	21, 2018	Date						
				Name of Agent						
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
ATION	Place of Disposition (Facility Name and Address)				Signature			1		
CONFIRMA	Rura ESO ( Wor	l Cemetery Grove Street Tester, MA 016			X	John H.		e		
5	Disposition Type	-	Date of Disposition		Name of S	uperintendent or Authorized L	esignee:	الأعدين		
-	Crem	ation	NOV 2	6 2018		John H Col	ווונ			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2018 052695

Information necessary for the Certificate of Death has been completed for:									
	STORCZAY	STASIA	RARRARA						

Place of Death SOUTHBRIDGE REHAB AND HEALTH CARE, SOUTHBRIDGE, MA Date of Birth NOVEMBER 20, 1924 FEMALE **NOVEMBER 19, 2018** Date of Death 84 CHAPIN STREET, SOUTHBRIDGE, MASSACHUSETTS 01550 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number (most recent) Date Discharged (most recent) Date entered (most recent) Ltc# 244953 Certifier MARIA C DUNN, MD

Addr. 108 THOMPS ON ROAD, WEBS TER, MASS ACHUSETTS 01570

Immediate Cause of Death COMPLICATIONS OF VASCULAR DEMENTIA

### This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensed Designee JOHN P. HICKEY Facility. SITKOWSKIAND MALBOEUF FUNERAL HOME, INC., WEBSTER, MASSACHUSETTS Date of Disposition NOVEMBER 21, 2018 Disposition Type CREMATION Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

^			
Ex	dorsements		
	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBRIDGE	
N 37	State Tracking # 052695	Local Permit # E-PERMIT	
RRA	Date NOVEMBER 23, 201	Date	
^		Name of Agent —	
z	I hereby certify that the remains were dispose	sed of in accordance with its terms at the place and date below:	
Į Į	Place of Disposition (Facility Name and Addr	Signature	
7	Rural Cemetery 180 Grove Street Worrester, MA 0160	John 74	Cohile
2	Worrester, MA 0160	x	

Cremation

Date of Disposition 3 0 2018 Name of Superintendent or Author H

#### Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2018 057259

Form R-309 07012014

Infe	ormation necessary for the Certificate of Death h	as been completed	l for:					
	Decedent Name TSAUR , ANNA							
	Place of Death 6 LEONARD DRIVE, SOUTHE	OROUGH, MA						
ı	Date of Death DECEMBER 14, 2018	Dat	e of Birth JUI	LY 22, 1966	Sex	FEMALE		
ENT	Residence 6 LEONARD DRIVE, SOUTHE	OROUGH, MAS	SACHUSETT	S 01772				
CED	If U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Branch of military (most recent)	Ro 	ank/organizatior -	voutfit(most recent)				
	Date entered(most recent)	oate Discharged (mo:	st recent)	Service Number(most i	recent)			
R	Certifier RICHARD J. EVANS, MD			Lic # 58622				
RTIFIER	Addr. 55 LAKE AVENUE N, WORCESTER, M	ASSACHUSETT	S 01655					
CERT	Immediate Cause of Death ATHEROS CLEROTIC CARDIOVAS CULAR DISEAS E							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
7	Funeral Licensee/ Designee ROBERT J. LAWLER  Lic # 5784							
N 01	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS							
SIT	Disposition Type CREMATION Date of Disposition DECEMBER 19, 2018							
DISPOSITIO	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131							
En	dorsements							
	Registry of Vital Records and Statistics	Board of Health.	Agent for: SO	UTHBOROUGH				
ERMIT	State Tracking # 057259	Local Permit#	E-PERMIT					
PER	Date DECEMBER 19, 2018	Date						
-		Name of Agent						
z	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:							
FIRMATIO	Place of Disposition (Facility Name and Address)  St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature X		1/1/	1		
CON	Disposition Type Date of Dispositio	1,0	Name of Supe	rintendent or Authorized D	·			
Ĺ	Cremation 12/20/	18		Michael D. Sheeha	n, G.M.			

#### Acceptance of Permit

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					45.7 Y					
			4.14 E	Commonwealth of Registry of Vital Rec		State File #	2018 057773			
000			W.Z./	OR TRANSP	ORTATION	· L				
l	n R-309 07012014			PERI	MIT					
Inf	ormation necess	sary for the Certi	ificate of D	eath has been comp	leted for:					
	Decedent Name PHILLIPS , JEFFREY H									
	Place of Death		-	OUTHBOROUGH, I						
BNT	Date of Death DECEMBER 19, 2018 Date of Birth JULY 01, 1951 Sex MALE									
D B)	Residence			OUTHBOROUGH, I	MASSACHUSET	TS 01772				
DECED	If U.S. veteran, sp NO	pecify war/conflict(	s) (mostrece	ent)						
<u> </u>	Branch of milita	ry (most recent)			Rank/organization	on/outfit(most recen	t)			
	Date entered(mo	st recent)		Date Discharge	d (most recent)	Service Numb	er(most recent)			
-	Certifier JAME	S LEVENSON,	MD			Lic # 152627	,			
FIER	, ,	Addr. 330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215								
CBRTI	Immediate Cause of Death METASTATIC CHOLANGIOCARCINOMA									
TI	is permit autho	rizes the followi	ng Funera	l Service Licensee o	r Designee to rem	ove, dispose or tr	ansport remains as listed below:			
Ţ	Funeral License	e/Designee <b>JOHN</b>	reen, d	ſ			Lic# <b>7066</b>			
=	Facility. LEAN	Facility. LEHMAN REEN MCNAMARA FUNERAL HOME, BOSTON, MASSACHUSETTS								
2	Disposition Type	CREMATION				Date of Disposit	ion DECEMBER 26, 2018			
DISPOSITION	Place/Address	A YOU COUNTY A STATE	NOX7 #44	rh A hAfarindahahAfanay . es a	DEET BASTAN	I MANGEACHTIO	ETTE 03131			
Ā	SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131									
Ē	dorsements				AND THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU		## 1 M //			
٦	Registry of Vita	d Records and Stat	tistics	Board of B	ealth/Agent for: \$C	UTHBOROUGH				
BRMIT	State Tracking #	057773		Local Perm	al Permit# E-PERMIT					
P.E.	Date	DECEMBER	23, 2018	Date		200				
Ĺ	Name of Agent -									
z	, , ,		-	ed of in accordance wi	th its terms at the pl	ace and date below	<b>7:</b>			
TION	Place of Disposi	tion (Facility Name . Michael Crema	and Addres	s)	Signature	00	<i>^ A</i> .			
ONFIRMA	51	00 Canterbury St Boston, MA 021	rect		x /	VM	· Cll			
000	Disposition Type		Date of Da	sposition / 8	, ,	erintendent or Auth hael D. Sheeha	•			
1	Cremation 12/2///				14110	aast Dr Dugena	T1 ( + N/I			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.